

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

Application for Extension
Capitol Healthcare Systems, LLC
for Class C Non-Emergency
Request for Extension

DOCKET

NUMBER: 2013-95-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Tim McDowell

Telephone:

803 727 0319

Address:

PO Box 646
Columbia SC 29202

Fax:

803 834 6470

Other:

Email: the.mcdowell.group@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input checked="" type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

JUL 08 2013

PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

REQUEST FOR EXTENSION TO COMPLY WITH ORDER (ORS Rev 3-2-10)

245080

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: <div style="border: 1px solid black; padding: 2px; display: inline-block;">PSC-8-L</div> S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 7-8-13

The S.C. Public Service Commission issued a Certificate of Public Convenience and Necessity in Order # 2013-178 dated 4-11-13 for the following type of certificate:

- ☐ Class C Taxi
 ☐ Class C Charter
 ☐ Class C Charter Bus
 ☒ Class C Non-Emergency
☐ Class C Stretcher Van

Pursuant to that Order, the following carrier was given ninety (90) days from the date of the Order to comply with the requirements of certification.

Please consider this as a request for an extension until 12-31-13 to allow the following carrier to come into compliance. (DATE)

EXTENSIONS ARE NOT EFFECTIVE UNTIL APPROVED BY THE PUBLIC SERVICE COMMISSION.

Capitol Healthcare Systems LLC D/B/A _____
 (Name of Company) (if applicable)

6615 A Two Notch Rd # 11 P.O. Box 646 Columbia SC
 (Street Address) (Mailing Address, City, State, Zip) 29202

Columbia SC 29202
 (City, State, Zip Code) (Signature)

803-727-0319
 (Telephone Number) (Title) Owner, President, etc.

Reason for Request for Extension to comply with PSC Order:

Due to Provider issues and 3rd party
verifications & approvals.